

Rhythm & Spirit Dance Program Adult/Senior Class Registration Information—Page 1 January 7th through February 28th, 2013 March 7th through May 9th, 2013

Participant Information:

NAME: (LAST)	(FIRST)	
HOME ADDRESS:		
CITY: ZIP: _		
HOME PHONE:	_ CELL PHONE:	
EMAIL ADDRESS:		
EMERGENCY CONTACT:		
EMERGENCY CONTACT PHONE #'S:		
RELATIONSHIP TO PARTICIPANT:		
ADULT & SENIORS TAP		
January 7 th February 28 th , 2013 (8 w	reeks)	
Thursdays 9:30am to 10:30am	\$70.00	
March 7 th May 9 th , 2013 (8 weeks)		
March 7 th May 9 th , 2013 (8 weeks) Thursdays 9:30am to 10:30am	\$70.00	

 ${
m *Registration}$ Forms and Payment (checks made payable to WCPR) can be mailed to:

Indoor Sports Complex ATTN: Rhythm & Spirit 920 Heritage Way Brentwood, TN 37027

Rhythm & Spirit Dance Program Adult Class Registration Information – Page 2

PARTICIPANT'S NAME: (LAST) _____ (FIRST)_____

I give sponsored by I und participant and personnel to the I agree Recreation Declaims, losses Rhythm & Sp	ANT CONSENT AND RELEASE we my consent to participate in the Rhythm & Spirit Dance provided Williamson County Parks and Recreation Department (Williamson County Parks and Recreation Department (Williamson County Parks) and in case of emergency, I may be taken to a physician or hose transport me for treatment in the event of an emergency. The ree to hold harmless, indemnify and release Williamson County expartment, their agents, officers, employees, and volunteers, as, expenses, judgements, injury or damage I may sustain in compirit Dance program or other WCPR programs. In the remaining program of the remaining programs and that it is bind the terms contained in this Release and that it is bind the remaining programs.	wCPR). The County for myself or any other pital at my expense. I authorize WCPR and the Williamson County Parks and from and against any and all liability, connection with my participation in the
<u>rartorpant.</u>		
Signature		Date
Print Name		
unrestricted ri 1. i 2. i By si have matt comp By si and i of pr This authoriza	we my consent and authorize Williamson County Parks and Regight to take, use, reuse, and reproduce pictures of myself and in any publication (including; but not limited to, newspapers, brochures, magazines, displays, Internet broadcasts, and mot times and in such places as the Parks and Recreation Departre to copyright and use, re-use, publish, and republish photograminor child, named herein, or in which I or my minor child reproduction hereof in color or otherwise, made through any illustration, art, promotion, advertising, trade, or any other pusing this document, the above named and the undersigne to examine or approve the completed product or producter that may be used in conjunction therewith or the use to aplete discretion of the Parks and Recreation Department. Signing this document, the undersigned releases, discharge Recreation Department and Williamson County, its emplant persons functioning under their permission or authority and release shall inure to the benefit of the legal representation and release shall inure to the benefit of the legal representation Department as well as the person(s) for whom he/shall correction of the product as the person(s) for whom he/shall correction department as well as the person(s) for whom he/shall corrections are producted as the person(s) for whom he/shall corrections are producted as the person(s) for whom he/shall corrections are producted as the person(s) for whom he/shall corrections are producted as the person(s) for whom he/shall corrections are producted as the person(s) for whom he/shall corrections are producted as the person(s) for whom he/shall corrections are producted as the person(s) for whom he/shall corrections are producted as the person(s) for whom he/shall corrections are producted as the person of the person o	I use such photographs as follows: I television and/or radio broadcasts, books, ion pictures) in such manner and at such ment shall determine; and phic portraits or pictures of me or my may be included intact or in part, or and all media now or hereafter known for arpose whatsoever. The determine of the deter
Participant:		
Signature		Date
Print Name		